

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/52207

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		-		1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11			1			
12		-	1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30		-	1			
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49						
50						
TOTAL IND.	1	↓	2	↓		↓
TOTAL DEP.		←	27	←	←	←
TOTAL CLAIMS		[REDACTED]	29	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS		[REDACTED]	29	[REDACTED]	[REDACTED]	[REDACTED]